

<i>SERFF Tracking Number:</i>	<i>TRAX-125971075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0815201F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 Interline Forms - Revised Endorsements 094015</i>		
<i>Project Name/Number:</i>	<i>2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01</i>		

Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.		
Product Name: 2008 Interline Forms - Revised SERFF Tr Num: TRAX-125971075 State: Arkansas		
Endorsements 094015		
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: ML AR0815201F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI Transguard	Disposition Date: 01/06/2009
	Date Submitted: 12/31/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2009		Effective Date (New): 04/01/2009
Effective Date Requested (Renewal):		Effective Date (Renewal): 04/01/2009
State Filing Description:		

General Information

Project Name: 2008 Interline Forms - Revised Endorsements 094015 and 094016	Status of Filing in Domicile:
Project Number: ML AR0815201F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/06/2009	
State Status Changed: 01/06/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsements which replace a previously filed edition as noted.	

FORM EDITION TITLE

REPLACED EDITION

SERFF Tracking Number: TRAX-125971075 State: Arkansas
 Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
 Company Tracking Number: ML AR0815201F01
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: 2008 Interline Forms - Revised Endorsements 094015
 Project Name/Number: 2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01

094015 12/08 Special Coverage For Household Goods Operations 11/08
 094016 12/08 Special Coverage For Office & Industrial Property Operations 07/04

Please refer to the attached Explanatory Memorandum for a detailed description of this filing.

These endorsements may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, these endorsements will not be refiled unless otherwise requested by your Department in response to this filing.

We kindly request an effective date of April 1, 2009.

Company and Contact

Filing Contact Information

Joyelle Endres, Compliance Support Analyst Joyelle.Endres@transguard.com
 215 Shuman Blvd (800) 796-2480 [Phone]
 Naperville, IL 60563 (630) 864-3579[FAX]

Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. CoCode: 28886 State of Domicile: Illinois
 215 Shuman Blvd Group Code: 225 Company Type: Property & Casualty
 Suite 400
 Naperville, IL 60563 Group Name: IAT Reinsurance State ID Number:
 Company Group
 (800) 796-2480 ext. [Phone] FEIN Number: 36-3529298

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

<i>SERFF Tracking Number:</i>	<i>TRAX-125971075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0815201F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 Interline Forms - Revised Endorsements 094015</i>		
<i>Project Name/Number:</i>	<i>2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01</i>		
Fee Explanation:			
Per Company:	No		

SERFF Tracking Number: TRAX-125971075 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
Company Tracking Number: ML AR0815201F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: 2008 Interline Forms - Revised Endorsements 094015
Project Name/Number: 2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	\$50.00	12/31/2008	24783123

<i>SERFF Tracking Number:</i>	<i>TRAX-125971075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 Interline Forms - Revised Endorsements 094015</i>		
<i>Project Name/Number:</i>	<i>2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/06/2009	01/06/2009

<i>SERFF Tracking Number:</i>	<i>TRAX-125971075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0815201F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 Interline Forms - Revised Endorsements 094015</i>		
<i>Project Name/Number:</i>	<i>2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01</i>		

Disposition

Disposition Date: 01/06/2009
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125971075 State: Arkansas

Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50

Company Tracking Number: ML AR0815201F01

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: 2008 Interline Forms - Revised Endorsements 094015

Project Name/Number: 2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Compare 094015 12/08 to 11/08	Approved	Yes
Supporting Document	Compare 094016 12/08 to 07/04	Approved	Yes
Form	Special Coverage For Household Goods Operations	Approved	Yes
Form	Special Coverage For Office & Industrial Property Operations	Approved	Yes

SERFF Tracking Number: TRAX-125971075 State: Arkansas

Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50

Company Tracking Number: ML AR0815201F01

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: 2008 Interline Forms - Revised Endorsements 094015

Project Name/Number: 2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Special Coverage For Household Goods Operations	094015	12/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 094015 Previous Filing #:		094015.PDF
Approved	Special Coverage For Office & Industrial Property Operations	094016	12/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 094016 Previous Filing #:		094016.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL COVERAGE FOR HOUSEHOLD GOODS OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insured:	Policy Number:
Effective Date:	Countersigned by

(Authorized Representative)

SCHEDULE

Type of Coverage	Limit of Insurance	Premium
Remediation Coverage for "Water Incidents"	\$ 15,000. Total of all costs in any one annual policy period for "water incidents" at unspecified locations.	\$ Included
	\$10,000. Total of all costs in any one annual policy period for "water incidents" at any specified location	

Definition of Industry Segment:

"HOUSEHOLD GOODS" operation means the transportation, storage, handling, packing and other related services for "Shipper's Goods" or "Customer's Goods".

For this Industry Segment, "Shipper's Goods" or "Customer's Goods" means personal effects, furniture, furnishings, household appliances, household electronics, equipment or supplies used or to be used in a dwelling and/or similar property.

The following coverages are added or amended for insureds with the above described operations. Any applicable Limits of Insurance are shown in the **Schedule**.

Remediation Coverage for "Water Incidents"

Bodily Injury and Property Damage Liability claims resulting from exposure to "fungi", bacteria or mold are specifically excluded by the attachment of form **CG 21 67** to this policy.

Damage to property in your care, custody, or control resulting from "*environmental contamination, mold contamination...(or) changes in temperature or humidity*" is specifically excluded in

forms **083006** and **083007** one or both of which are attached to this policy.

Remediation Coverage for "Water Incidents" does not invalidate the exclusions described above. It is intended to provide coverage enabling an immediate response to a water incident so that mold, "fungi", or bacteria do not develop.

It is a condition of this coverage that any "water incident" be reported to us as soon as practica-

ble after the incident. In no case should this notice exceed ten (10) days after the occurrence. If the report is not made within the time frame, this coverage is void.

The following is added at the end of **Supplementary Payments – Coverages A and B** of the **Commercial General Liability Coverage Form CG 00 01**:

3. Up to the Limit of Insurance shown in the **Schedule**, we will pay all necessary costs to clean, dry, remove, contain, restore, detoxify, treat, neutralize, un-pack, re-pack or remediate water damage to property or premises of others that relate directly to a "water incident". Also included in the Limit of Insurance is the cost to replace any item from which water cannot be removed.

This coverage is excess over any other coverage that may be provided elsewhere in this policy. However, once the Limit of Insurance shown in the **Schedule** has been paid, or a written offer to make payment of the limit has been made, we have no further obligation, including any defense obligation, with respect to Supplementary Payments resulting from "water incidents".

"**Water Incident**" means:

1. The sudden and accidental release of water from pipes, tubes, sprinklers or tanks;
2. Accidental exposure to rain, sleet, hail or snow inside or outside of a specified location or elsewhere; or
3. Accidental exposure to water that results from the backup in or overflow of streets, sewers, drains, or standing bodies of water.

The **Commercial General Liability Coverage Form CG 00 01** as well as the **Basic Cargo Liability Coverage Form 083006** and/or the **Basic Warehouse Liability Coverage Form 083007** are amended by the following:

If you are an agent of an interstate van line company and have entered into a "Primary Van Line Contract" with that company, then the coverage afforded under such an "insured contract" is limited as follows:

Regardless of your contractual obligation to such van line company for loss or damage, we will not reimburse you or the van line company for loss, damage or injury that result from an occurrence or occurrences that arise out of your operations conducted under the operating authority of the van line company.

This limitation does not restrict or limit our obligation for any loss, damage or injury that would otherwise be payable under the terms and conditions of this policy.

The **Commercial Inland Marine Conditions Form CM 00 01** is amended as follows:

LOSS CONDITIONS, Section G. Pairs, Sets Or Parts only applies if you are legally liable for pairs, sets or parts under your governing tariff or a "Shipping Document" or "Storage Document".

The **Basic Cargo Liability Coverage Form 083006** is amended as follows:

If a Bill of Lading or an "Advice of Coverage" form is not issued for a shipment of household goods, then under **Section D. Exclusions, Clause 1.** is deleted and replaced by the following:

1. For loss or injury to: bills of exchange, bonds, bullion, jewelry, watches, "precious metals", currency, deeds, documents, evidence of debt, credit cards, money, stock certificates, securities, stamp collections, letters or packets of letters, antiques, fine arts, furs, or firearms.

The **Basic Warehouse Liability Coverage Form 083007** is amended as follows:

If a Warehouse Receipt or an "Advice of Coverage" form is not issued for permanent storage of household goods, then under **Section D. Exclusions, Clause 1.** is deleted and replaced by the following:

1. For loss or injury to: bills of exchange, bonds, bullion, jewelry, watches, "precious metals", currency, deeds, documents, evidence of debt, credit cards, money, stock certificates, securities, stamp collections, letters or packets of letters, antiques, fine arts, furs, or firearms.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL COVERAGE FOR OFFICE & INDUSTRIAL PROPERTY OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insured:	Policy Number:
Effective Date:	Countersigned by

(Authorized Representative)

SCHEDULE

Type of Coverage	Limit of Insurance	Premium
Uncollectible Freight Charges	\$	\$
Supplementary Payments for Delay in Delivery	\$	\$

Definition of Industry Segment:

"OFFICE & INDUSTRIAL PROPERTY" operation means the transportation, storage, handling, packing and other related services for "Shipper's Goods" or "Customer's Goods".

For this Industry Segment, "Shipper's Goods" or "Customer's Goods" means furniture, fixtures, equipment, including electronic or telephonic equipment, and the property of stores, offices, institutions, hospitals or other commercial establishments.

The following coverages are added or amended for insureds with the above described operations. Any applicable Limits of Insurance are shown in the Schedule.

The **Property & Income Enhancements** Endorsement **054001** is amended as follows:

In the Business Income (and Extra Expense) Enhancements, the Standard Limit for **Uncollectible Freight Charges** is increased to the Limit of Insurance shown in the Schedule.

The **Basic Cargo Liability Coverage Form 083006** is amended as follows:

In **Section B. Limits of Insurance**, Paragraph 1. is deleted and replaced by the following:

1. The Cargo Limit of Insurance shown in the Declarations applies as follows:

- a. The **Any One Loss** limit is the most we will pay for loss or damage to goods in any one cargo vehicle or semi-trailer, or in your care, custody, or control on any one day.
- b. The **Aggregate in Transit** limit is the most we will pay for all claims arising in any one "occurrence", loss, disaster or casualty.

- c. The limit is subject any deductible amount or other limitation that may apply.

In **Section D. Exclusions**, Paragraph 2.f. is deleted and replaced with the following:

- f. Delay in delivery, loss of use, consequential damage, or loss of market unless specifically covered under **Section G. Supplementary Payments**.

In **Section G. Supplementary Payments**, Paragraph 2. is deleted and replaced with the following:

2. If you are liable for delay in delivery, loss of use, consequential damage, or loss of market and such liability can be separated from your legal liability for direct physical loss or damage to goods in your care, custody or control, we will pay such additional liability, but only up to the Limit of Insurance shown in the Schedule.

In **Section H. Definitions**, Definition 2. is deleted and replaced with the following:

2. "Shipper" means the party who contracts for the moving service. Only the person, persons, or organization or an employee of such person, person or organization whose name appears on the "Shipping Document" will be considered the "Shipper". A "Shipper" may designate in writing a third party to act on its or their behalf.

Under **Section D. Exclusions**, Paragraph 2. the following exclusion is added after Paragraph j.:

Mechanical or electrical derangement or malfunction of any device unless there is obvious external damage to the device or its container

The **Basic Warehouse Liability Coverage Form 083007** is amended as follows:

Under **Section H. Definitions**, Definition 2. is deleted and replaced with the following:

2. "Customer" means the party who contracts for the storage service. Only the person, persons, or organization or an employee of such person, person or organization whose name appears on the "Storage Document" will be considered the "Customer". A "Customer" may designate in writing a third party to act on its or their behalf.

Under **Section D. Exclusions**, Paragraph 2. the following exclusion is added after Paragraph j.:

Mechanical or electrical derangement or malfunction of any device unless there is obvious external damage to the device or its container

The **Commercial General Liability Coverage Form CG 00 01**, the **Truckers Coverage Form CA 00 12**, as well as the **Basic Cargo Liability Coverage Form 083006** and/or the **Basic Warehouse Liability Coverage Form 083007** are amended by the following:

If you are an agent of an interstate van line company and have entered into a "Primary Van Line Contract" with that company, then the coverage afforded under such an "insured contract" is limited as follows:

Regardless of your contractual obligation to such van line company for loss or damage, we will not reimburse you or the van line company for loss, damage or injury that result from an occurrence or occurrences that arise out of your operations conducted under the operating authority of the van line company.

This limitation does not restrict or limit our obligation for any loss, damage or injury that would otherwise be payable under the terms and conditions of this policy.

<i>SERFF Tracking Number:</i>	<i>TRAX-125971075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0815201F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 Interline Forms - Revised Endorsements 094015</i>		
<i>Project Name/Number:</i>	<i>2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125971075 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
Company Tracking Number: ML AR0815201F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: 2008 Interline Forms - Revised Endorsements 094015
Project Name/Number: 2008 Interline Forms - Revised Endorsements 094015 and 094016/ML AR0815201F01

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/06/2009
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name:	AR - NAIC FORM FILING SCHEDULE	Review Status:	Approved	01/06/2009
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Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name:	Cover Letter	Review Status:	Approved	01/06/2009
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Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name:	Explanatory Memorandum	Review Status:	Approved	01/06/2009
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Comments:

Attachment:

Explanatory Memorandum.PDF

Satisfied -Name:	Compare 094015 12/08 to 11/08	Review Status:	Approved	01/06/2009
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Comments:

Attachment:

Compare 094015 12_08 to 11_08.PDF

		Review Status:	
Satisfied -Name:	Compare 094016 12/08 to 07/04	Approved	01/06/2009
Comments:			
Attachment:			
Compare 094016 12_08 to 07_04.PDF			

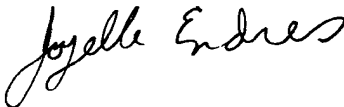
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #			
IAT Reinsurance Company Group	0225			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	28886	36-3529298	

5. Company Tracking Number	ML AR0815201F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Joyelle M. Endres 215 Shuman Blvd, Suite 400 Naperville IL 60563	Compliance Support Analyst	(800)-796-2480 Ext. 3462	630-864-3579	Joyelle.Endres@transgu ard.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Joyelle M. Endres			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0 Interline Filings			
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A			
12. Company Program Title (Marketing Title)	N/A			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	4/01/09	Renewal:	4/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	12/31/08			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	ML AR0815201F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsements which replace a previously filed edition as noted.

FORM EDITION	TITLE	REPLACED EDITION
094015 12/08	Special Coverage For Household Goods Operations	11/08
094016 12/08	Special Coverage For Office & Industrial Property Operations	07/04

Please refer to the attached Explanatory Memorandum for a detailed description of this filing.

These endorsements may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, these endorsements will not be refiled unless otherwise requested by your Department in response to this filing.

We kindly request an effective date of April 1, 2009.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: </div> <div style="margin-bottom: 20px;"> Funds were sent via EFT. </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	ML AR0815201F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Special Coverage For Household Goods Operations	094015 12/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	094015 11/08	
02	Special Coverage For Office & Industrial Property Operations	094016 12/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	094016 07/04	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



215 Shuman Blvd., Suite 400
Naperville, IL 60563

December 31, 2008

Commissioner Julie Benafield Bowman
Attn: Property & Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Sent Via SERFF

RE: Multiple Lines
2008 Interline Forms - Revised Endorsements 094015 and 094016
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
NAIC#: 0225-28886 FEIN: 36-3529298
Filing#: ML AR0815201F01

Dear Property & Casualty Division:

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsements which replace a previously filed edition as noted.

<u>FORM</u>	<u>EDITION</u>	<u>TITLE</u>	<u>REPLACED EDITION</u>
094015	12/08	Special Coverage For Household Goods Operations	11/08
094016	12/08	Special Coverage For Office & Industrial Property Operations	07/04

Please refer to the attached Explanatory Memorandum for a detailed description of this filing.

These endorsements may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, these endorsements will not be refiled unless otherwise requested by your Department in response to this filing.

This filing is being submitted under your state's File and Use provision. We kindly request an effective date of **April 1, 2009**.

Your prompt attention to this matter is appreciated. If you have any questions or require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in black ink that reads 'Joyelle Endres'.

Joyelle M. Endres
Compliance Support Analyst
Phone: 800-796-2480 Ext. 3462
Fax: 630-864-3579
Email: Joyelle.Endres@transguard.com

Enclosure(s)

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

INTERLINE FORMS EXPLANATORY MEMORANDUM Revised Endorsements

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. (TRANSGUARD) is submitting this filing of revised endorsements for your review and acceptance. TRANSGUARD is a subscriber of Insurance Services Office, Inc. (ISO), and we are affiliated with them for the following programs:

Commercial Auto (ISO Division One)
Commercial Inland Marine (ISO Division Eight)
Commercial Property (ISO Division Five)
General Liability (ISO Division Six)

TRANSGUARD specializes in providing insurance for businesses that focus on the Relocation, Transportation and Storage industries. We intend to write both monoline and package policies using the applicable ISO program in conjunction with our independent forms and endorsements.

The qualifying operations we are focusing on are: Household Goods Moving and/or Storage, Office and Industrial Property Moving and/or Storage, Special Products Moving and/or Storage, Self Storage or Mini-Storage, Records Storage or Information Management, and Freight Forwarding.

We previously filed the earlier editions of these endorsements by the programs listed above, but since your state allows "interline" forms filings, we are filing them as interline for ease of submission.

REVISED ENDORSEMENTS

094015 12/08, Special Coverage for Household Goods Operations ***Applies to Commercial Inland Marine and General Liability***

This revised endorsement replaces the recently approved 11/08 edition. The revisions include:

- Restoration of a provision included in the approved 07/04 edition (with the addition of the words "you or") that was deleted in error from the 11/08 edition. The provision restored clarifies our intent with respect to liability assumed under any contract or agreement entered between our insured and an interstate van line company for loss, damage or injury arising out of operations conducted under the operating authority of the van line company. It was never our intent to include such coverage and a similar provision exists in 094016; and
- Adding form references to ISO forms and/or our independent forms that are impacted by the attachment of this endorsement.

Note: 094015 is a **mandatory** form if Household Goods moving and/or storage operations are conducted and provides the definition of shipper's or customer's goods for this kind of operation. Other conditions and coverage options have been designed that apply only to this operation.

094016 12/08, Special Coverage for Office & Industrial Property Operations ***Applies to Commercial Auto, Commercial Property, Commercial Inland Marine and General Liability***

This revised endorsement replaces the approved 07/04 edition. The minor editorial revisions include:

- Adding form references to ISO forms and/or our independent forms that are impacted by the attachment of this endorsement; and
- Adding the words "you or" to the last provision to clarify our intent.

Note: This is a **mandatory** form if Office & Industrial Property moving and/or storage operations are conducted. Coverage options have been designed that apply only to this operation. Standard limits of coverage are included, but higher limits are available.

Comparisons are provided which show the changes to each endorsement when compared to the current approved editions. Underlined matter is new, ~~struck-through matter~~ has been deleted.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL COVERAGE FOR HOUSEHOLD GOODS OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insured:	Policy Number:
Effective Date:	Countersigned by

(Authorized Representative)

SCHEDULE

Type of Coverage	Limit of Insurance	Premium
Remediation Coverage for "Water Incidents"	\$ 15,000. Total of all costs in any one annual policy period for "water incidents" at unspecified locations.	\$ Included
	\$10,000. Total of all costs in any one annual policy period for "water incidents" at any specified location	

Definition of Industry Segment:

"HOUSEHOLD GOODS" operation means the transportation, storage, handling, packing and other related services for "Shipper's Goods" or "Customer's Goods".

For this Industry Segment, "Shipper's Goods" or "Customer's Goods" means personal effects, furniture, furnishings, household appliances, household electronics, equipment or supplies used or to be used in a dwelling and/or similar property.

The following coverages are added or amended for insureds with the above described operations. Any applicable Limits of Insurance are shown in the **Schedule**.

Remediation Coverage for "Water Incidents"

Bodily Injury and Property Damage Liability claims resulting from exposure to "fungi", bacteria or mold are specifically excluded by the attachment of form **CG 21 67** to this policy.

Damage to property in your care, custody, or control resulting from "*environmental contamination, mold contamination...(or) changes in temperature or humidity*" is specifically excluded in

forms **083006** and **083007** one or both of which are attached to this policy.

Remediation Coverage for "Water Incidents" does not invalidate the exclusions described above. It is intended to provide coverage enabling an immediate response to a water incident so that mold, "fungi", or bacteria do not develop.

It is a condition of this coverage that any "water incident" be reported to us as soon as practica-

ble after the incident. In no case should this notice exceed ten (10) days after the occurrence. If the report is not made within the time frame, this coverage is void.

The following is added at the end of ~~SUPPLEMENTARY PAYMENTS — COVERAGES~~ Supplementary Payments — Coverages A AND B of the ~~COMMERCIAL — GENERAL — LIABILITY~~ Commercial General Liability Coverage Form CG 00 01:

3. Up to the Limit of Insurance shown in the **Schedule**, we will pay all necessary costs to clean, dry, remove, contain, restore, detoxify, treat, neutralize, un-pack, re-pack or remediate water damage to property or premises of others that relate directly to a "water incident". Also included in the Limit of Insurance is the cost to replace any item from which water cannot be removed.

This coverage is excess over any other coverage that may be provided elsewhere in this policy. However, once the Limit of Insurance shown in the **Schedule** has been paid, or a written offer to make payment of the limit has been made, we have no further obligation, including any defense obligation, with respect to Supplementary Payments resulting from "water incidents".

"**Water Incident**" means:

1. The sudden and accidental release of water from pipes, tubes, sprinklers or tanks;
2. Accidental exposure to rain, sleet, hail or snow inside or outside of a specified location or elsewhere; or
3. Accidental exposure to water that results from the backup in or overflow of streets, sewers, drains, or standing bodies of water.

The Commercial General Liability Coverage Form CG 00 01 as well as the Basic Cargo Liability Coverage Form 083006 and/or the Basic Warehouse Liability Coverage Form 083007 are amended by the following:

If you are an agent of an interstate van line company and have entered into a "Primary Van Line Contract" with that company, then the coverage afforded under such an "insured contract" is limited as follows:

Regardless of your contractual obligation to such van line company for loss or damage, we will not reimburse you or the van line company for loss, damage or injury that result from an occurrence or occurrences that arise out of your operations conducted under the operating authority of the van line company.

This limitation does not restrict or limit our obligation for any loss, damage or injury that would otherwise be payable under the terms and conditions of this policy.

The **Commercial Inland Marine Conditions** ~~are-~~ Form CM 00 01 is amended as follows:

LOSS CONDITIONS, Section G. Pairs, Sets Or Parts only applies if you are legally liable for pairs, sets or parts under your governing tariff or a "Shipping Document" or "Storage Document".

The **Basic Cargo Liability Coverage Form 083006** is amended as follows:

If a Bill of Lading or an "Advice of Coverage" form is not issued for a shipment of household goods, then under **Section D. Exclusions**, ~~clause~~ Clause 1. is deleted and replaced by the following:

1. For loss or injury to: bills of exchange, bonds, bullion, jewelry, watches, "precious metals", currency, deeds, documents, evidence of debt, credit cards, money, stock certificates, securities, stamp collections, letters or packets of letters, antiques, fine arts, furs, or firearms.

The **Basic Warehouse Liability Coverage Form 083007** is amended as follows:

If a Warehouse Receipt or an "Advice of Coverage" form is not issued for permanent storage of household goods, then under **Section D. Exclusions**, ~~clause~~ Clause 1. is deleted and replaced by the following:

1. For loss or injury to: bills of exchange, bonds, bullion, jewelry, watches, "precious metals", currency, deeds, documents, evidence of debt, credit cards, money, stock certificates, securities, stamp collections, letters or packets of letters, antiques, fine arts, furs, or firearms.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL COVERAGE FOR OFFICE & INDUSTRIAL PROPERTY OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Name of Insured:	Policy Number:
Effective Date:	Countersigned by

(Authorized Representative)

SCHEDULE

Type of Coverage	Limit of Insurance	Premium
Uncollectible Freight Charges	\$	\$
Supplementary Payments for Delay in Delivery	\$	\$

Definition of Industry Segment:

"OFFICE & INDUSTRIAL PROPERTY" operation means the transportation, storage, handling, packing and other related services for "Shipper's Goods" or "Customer's Goods".

For this Industry Segment, "Shipper's Goods" or "Customer's Goods" means furniture, fixtures, equipment, including electronic or telephonic equipment, and the property of stores, offices, institutions, hospitals or other commercial establishments.

The following coverages are added or amended for insureds with the above described operations. Any applicable Limits of Insurance are shown in the Schedule.

The **Property & Income Enhancements** Endorsement **054001** is amended as follows:

In the Business Income (and Extra Expense) Enhancements, the Standard Limit for **Uncollectible Freight Charges** is increased to the Limit of Insurance shown in the Schedule.

The **Basic Cargo Liability Coverage Form 083006** is amended as follows:

In **Section B. Limits of Insurance**, Paragraph 1. is deleted and replaced by the following:

1. The Cargo Limit of Insurance shown in the Declarations applies as follows:

- The **Any One Loss** limit is the most we will pay for loss or damage to goods in any one cargo vehicle or semi-trailer, or in your care, custody, or control on any one day.
- The **Aggregate in Transit** limit is the most we will pay for all claims arising in any one "occurrence", loss, disaster or casualty.

- c. The limit is subject any deductible amount or other limitation that may apply.

In **Section D. Exclusions**, Paragraph 2.f. is deleted and replaced with the following:

- f. Delay in delivery, loss of use, consequential damage, or loss of market unless specifically covered under **Section G. Supplementary Payments**.

In **Section G. Supplementary Payments**, Paragraph 2. is deleted and replaced with the following:

- 2. If you are liable for delay in delivery, loss of use, consequential damage, or loss of market and such liability can be separated from your legal liability for direct physical loss or damage to goods in your care, custody or control, we will pay such additional liability, but only up to the Limit of Insurance shown in the Schedule.

In **Section H. Definitions**, Definition 2. is deleted and replaced with the following:

- 2. "Shipper" means the party who contracts for the moving service. Only the person, persons, or organization or an employee of such person, person or organization whose name appears on the "Shipping Document" will be considered the "Shipper". A "Shipper" may designate in writing a third party to act on its or their behalf.

Under **Section D. Exclusions**, Paragraph 2. the following exclusion is added after Paragraph j.:

Mechanical or electrical derangement or malfunction of any device unless there is obvious external damage to the device or its container

The **Basic Warehouse Liability Coverage Form 083007** is amended as follows:

Under **Section H. Definitions**, Definition 2. is deleted and replaced with the following:

- 2. "Customer" means the party who contracts for the storage service. Only the person, persons, or organization or an employee of such person, person or organization whose name appears on the "Storage Document" will be considered the "Customer". A "Customer" may designate in writing a third party to act on its or their behalf.

Under **Section D. Exclusions**, Paragraph 2. the following exclusion is added after Paragraph j.:

Mechanical or electrical derangement or malfunction of any device unless there is obvious external damage to the device or its container

The ~~Commercial Inland Marine Coverage Part, the Commercial General Liability Coverage, and Form CG 00 01, the Truckers Coverage Form CA 00 12, as well as the Basic Cargo Liability Coverage Form 083006 and/or the Basic Warehouse Liability Coverage Form 083007~~ are amended by the following:

If you are an agent of an interstate van line company and have entered into a "Primary Van Line Contract" with that company, then the coverage afforded under such an "insured contract" is limited as follows:

Regardless of your contractual obligation to such van line company for loss or damage, we will not reimburse you or the van line company for loss, damage or injury that result from an occurrence or occurrences that arise out of your operations conducted under the operating authority of the van line company.

This limitation does not restrict or limit our obligation for any loss, damage or injury that would otherwise be payable under the terms and conditions of this policy.